

Township of Sullivan
8138 Heights Ravenna Road, Ravenna MI 49451 – Phone 231-853-6900
office@sullivantownship.com

Date Received _____
Cash/Check# _____ Amount Pd _____
Emailed: _____

Materials received: Site Plan Yes / No Legal Description Yes / No

Cover Sheet for the following Application forms:

1. Project Type – Filing Fees – (Additional escrows may be required depending on project scope.)
 - Rezone (Public Hearing) - \$750
 - Permitted Use Site Plan Review - \$250
 - Variance (ZBA-Public Hearing) - \$750
 - Other - \$ _____
 - Special Land Use (Public Hearing) - \$750
 - Private Street - \$1,000
 - Pond - \$250 (smaller than 3 acres, if over 3 acres than must file special land use and fee in addition)

2. Project Location
Project Address _____ Property Size _____
Parcel # _____ Zoning District _____

3. Contact Information
Owner Name _____
Phone and Email _____
Mailing Address _____

4. Applicant/Contractor Information
Name _____
Phone _____ Email (required!) _____

5. Description of Proposed Use/Request

Any other expenses incurred by the township on behalf of this requested project will be invoiced to applicant, such as engineering, attorney services and any other professional expertise required to properly investigate the project. Approval will not be granted until all bills are paid.

I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate. I understand the application filing fee is non-refundable and is not a guarantee that this application will be approved.

Signature of Applicant _____ Date _____

I hereby grant permission for members of the Sullivan Township Planning Commission, Zoning Board of Appeals, Board of Trustees and Zoning Administrator to enter the above-described property for the purposes of gathering information only related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application.*

Signature of Applicant _____ Date _____

Sullivan Township Rezoning Application

Existing Zoning: _____ Proposed Zoning: _____

State the reasons why the current zoning of this property should be changed and how this request meets the standards for rezoning listed below.

REVIEW STANDARDS: Rezoning's go with the land, not the property owner or use. Therefore, once a parcel is zoned to a particular classification, the zoning is permanent, unless changed by a subsequent rezoning action. Zoning cannot be conditional. That is, a parcel cannot be rezoned for one specific use. Any use permitted within the zoning district is permitted on the property, provided the other applicable regulations of the Zoning Ordinance (lot size, setbacks, etc.) are met.

The following standards will be considered by the Planning Commission and Township Board in their review of the rezoning request:

1. Consistency: Is the proposed zoning and all of its permitted uses consistent with the recommendations of the Township Master Plan?
2. Compatibility: Is the proposed district and all of its allowed uses compatible with the surrounding area?
3. Capability: Is the property capable of being used for a use permitted within the existing zoning district?
4. Other considerations: Will the zoning require an inordinate expenditure of public funds (road improvements, utility extensions, etc.) to make the development feasible?
5. Will the rezoning cause development to "leap frog" other undeveloped areas in the same zoning district and necessitate premature extension of services to rural areas of the Township?
6. Is there sufficient vacant land already zoned in a specific category (e.g., industrial, multi-family, commercial)?
7. Is the rezoning more likely to be granted if conditions could be attached (note: rezoning's cannot be conditional).

PROVIDE ONE (1) COPY OF THE APPLICATION AND ANY ADDITIONAL REEQUIRED INFORMATION MUST BE SUBMITTED TO THE TOWNSHIP ADMINISTRATOR BY 3:00 P.M. THIRTY (30) DAYS PRIOR TO THE NEXT SCHEDULED ZONING BOARD OF APPEALS HEARING, IN ORDER TO BE CONSIDERED. FAILURE TO DO SO WILL RESULT IN A ONE-MONTH DELAY IN THE PROJECT REVIEW. THE TOWNSHIP OR THE TOWNSHIP PLANNER WILL THEN NOTIFY THE APPLICANT OF THE DATE OF THE SCHEDULED MEETING AND WHEN TO BRING IN TEN (10) COPIES OF THE APPLICATION AND ANY ADDITIONALLY REQUIRED INFORMATION BEFORE THE MEETING.

FEES: ANY FEES INCURRED OTHER THAN THE NORMAL MEETING PROCESS WILL BE ADDED TO THE FEE STRUCTURE, AND WILL BE COLLEDTED PRIOR TO ANY FINAL DECISION AS STATED IN SECTION 17.11.

SULLIVAN TOWNSHIP ESCROW POLICY AFFIDAVIT

I have read and accept the Sullivan Township Zoning Application Fees and Escrow Policy and agree to abide by the same. I understand that the payment of the prescribed application and escrow fees is intended to cover the Township's costs associated with the processing and/or review of my zoning application and should not in any manner be construed as suggesting any particular outcome for the application. I agree that I shall be obligated to pay the fees prescribed under the policy regardless of whether my application is approved, denied, modified or withdrawn. In addition, I agree the Township shall be permitted to take any legal action to collect its fees and costs and shall be permitted to assess to me all costs and legal fees incurred in the collection process.

I understand that the Township may stop processing my application if the escrow fee drops below the parameters set forth in the Zoning Escrow Fee policy. It will be my responsibility to replenish the escrow fee to the amount required by the policy before processing my application resumes.

Name: _____

Signed: _____

Print Name: _____

Date: _____

Person/Company Responsible for Account (Billing Purposes)

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax or Email: _____